

**ASSESSING AFGHAN CHILDREN'S PSYCHOSOCIAL WELL-BEING:  
A MULTI-MODAL STUDY OF INTERVENTION OUTCOMES**

Research Conducted By

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## I. INTRODUCTION AND BACKGROUND

Psychosocial assistance to displaced people affected by armed conflict is an increasingly prominent part of the humanitarian enterprise. Despite this, the field of psychosocial assistance remains relatively unsystematized and lacks the coherent base of evaluation research needed to guide evidence-based practice. In the rush to provide assistance, few agencies have evaluated systematically their intervention outcomes, creating an excessive ratio of practice to analysis and reflection. Not uncommonly, community-based psychosocial programs include no evaluation or rely on anecdotal evidence and self-reports that are subject to a host of biases. Only a few attempts (e.g., Bolton, Bass, Verdelli, et al., 2002) have been made to isolate psychosocial program effects from those of confounding variables. As a result, fundamental questions abound such as which psychosocial interventions work in particular contexts and what is their comparative efficacy. This situation thwarts efforts to improve program quality, constrains donors' willingness to support psychosocial programs, limits the policy impact of psychosocial programs, and leaves practitioners wondering whether their work had positive or negative effects.

Enormous need also exists for the development of innovative strategies and tools of assessing psychosocial outcomes. Conceptually, the field of psychosocial assistance in situations of armed conflict has been a house divided along the contours of the mental illness (e.g., Marsella, Friedman, Gerrity, and Scurfield, 1996; Mollica, McInnes, Pham et al., 1998) and well-being idioms (Ahearn, 2000; Wessells & Kostelny, in press), respectively. Each group uses its own measurement strategies and tools, producing data incommensurate with those produced by the other. Typically, each group uses measurement strategies that are either too narrow or lacking in rigor. Quantitative methods have been prominent in mental health approaches that have sought to bring scientific rigor to the field and that have focused on issues such as trauma, depression, and anxiety. Too often, quantitative approaches have reflected a Western, positivistic bias (Ager, 2000), focused mostly on individual deficits, and have not addressed the wider aspects of well-being (Ahearn, 2000). Qualitative approaches, most prominent in community-based programs, have attempted to create culturally grounded measures, to probe meanings, and to illuminate the interactions between individual well-being and social ecologies of families, peers, and communities (Ahearn, 2000; Boyden & de Berry, 2004; Eyber & Ager, 2004; Garbarino, Kostelny, & Dubrow, 1991; Miller & Rasco, 2004). Too often, qualitative approaches have studied very small numbers of people, yielded impressionistic data that are not generalizable, and had limited impact in the policy arena.

The purpose of this research project was to strengthen our ability to answer the fundamental question: Do community-based psychosocial interventions work? The research focused on war-affected children because children typically comprise half the population of war-affected people and are underserved, even invisible, in many emergencies. Also, the burdens of war frequently fall disproportionately on children (Machel, 2001). The research had two main objectives. The first was to determine the efficacy of a community-based psychosocial program using a quasi-experimental design that attempted to isolate intervention outcomes from those attributable to other variables. The second objective was to develop and field-test innovative measures of psychosocial well-being and child protection that use qualitative and quantitative approaches, are locally grounded, and reflect the importance of social ecologies in children's well-being (Dawes & Donald, 2000).

The research was conducted in the time period August, 2003 – December, 2004 by Christian Children's Fund (CCF), Queen Margaret's University College, and Oxford University as part of a Psychosocial Working Group research initiative. The Psychosocial Working Group is a partnership between five nongovernmental organizations and five academic institutions that was

funded by the Andrew W. Mellon Foundation. The research focused on a multi-province project on psychosocial assistance and child protection in Northern Afghanistan. Northern Afghanistan is a timely focus since decades of war and poverty and, more recently, drought and fighting to expel the Taliban, have created enormous hardships associated with displacement, loss, poverty, child soldiering, landmines, food insecurity, infrastructure destruction, and related hazards. At the time when the research had been proposed, Northern Afghanistan offered very limited psychosocial supports to children and families (Wessells & Kostelny, 2002). In 2002, UNICEF reported that no systematic evaluation studies have been conducted on community-based psychosocial programs in Afghanistan (Elke Wisch, personal communication with M. Wessells, April 28, 2002).

The research evaluated an intervention program implemented by Child Fund Afghanistan (CFA), the Afghan branch of CCF, in the Northern Afghanistan provinces of Kunduz and Takhar. The objectives of the program, which was part of a wider consortium program that involved International Rescue Committee and Save the Children/US, were: (1) to identify and reduce threats to the protection and psychosocial well-being of Afghan children and youth in targeted communities; (2) to increase engagement of Afghan children, particularly young children and vulnerable groups with their environment in safe, integrated, developmentally appropriate ways; and (3) to increase positive engagement of and developmental learning opportunities for Afghan youth. The program uses a capacity building strategy of supporting and working in partnership with local groups such as youth groups and women's groups that assist children.

The primary elements of the psychosocial and child protection program consisted of Child Centered Spaces and activities facilitated by Child Well-Being Committees. Staffed by local people, Child Centered Spaces provided nonformal education together with expressive activities. The CCSs aimed to provide a sense of safety and structure and to enable children's participation in normalizing and expressive activities that help children come to terms with their war experiences. The Child Well-Being Committees aimed to facilitate community identification of child protection threats (including children's risk mapping) and actions to reduce them. The Committees formed following a child led process of village risk mapping and the children's presentation of their findings by means of a role play. Typically, the children's presentation evoked considerable excitement and discussion, which led to the formation of the Committees, which included a mixture of children and adults. Due to Afghanistan's rigid gender norms, the program established separate women's and men's Committees, which subsequently monitored child protection risks, mobilized community groups that took steps to reduce the risks, convened community discussions about key protection issues, and reached out to support vulnerable children and families. Having facilitated community selection of development projects such as latrine construction or income-generating activity, the Committees engaged youth in implementing the community development projects.

The project sought to compare systematically three conditions: psychosocial intervention, water-sanitation intervention, and a combination of psychosocial and water-sanitation interventions. The water-sanitation intervention consisted mainly of the construction of wells using a participatory process. These comparisons were designed in part to address ongoing debates about the necessity and timing of psychosocial interventions. One school of thought holds that children and other civilians are helped more by interventions that meet basic material needs than those that provide emotional and social support (e.g., Summerfield, 1998). The comparison of psychosocial and water interventions was intended to help resolve this question on the basis of empirical evidence. A second view, grounded in Maslow's (1954) influential theory of human needs, holds that basic human needs must be met before people can fulfill psychosocial needs such as affiliation, belonging, and self-actualization. This view recommends a sequentialist approach of meeting physical needs first and only then addressing psychosocial needs.

Humanitarian response in many complex emergencies has embodied a Maslowian view by regarding psychosocial intervention as either a second-tier intervention or as an unnecessary support to be provided after the real needs—physical, survival needs—have been met.

Ultimately, empirical inquiry must decide the questions whether and at what point in time psychosocial interventions add value relative to more traditional, physical and survival oriented interventions. The current research project was conducted in this spirit while also recognizing the enormous conceptual, logistical, and ethical challenges associated with the conduct of research on children in war zones (Barenbaum, Ruchkin & Schwab-Stone, 2003; Boyden, 2004; Wessells, 1998). Oxford University assumed primary responsibility for the quantitative aspects of the research, and Queen Margaret's University assumed primary responsibility for the qualitative aspects. Christian Children's Fund helped to manage the research and participated in both quantitative and qualitative aspects of the research.

Using a quasi-experimental design, the project compared three conditions—psychosocial intervention, a water intervention, or a combination of psychosocial and water interventions—using qualitative and quantitative measures of child well being taken at the start (T1) and end (T2) of the intervention period. Although the intended T1-T2 gap had been set at one year, logistics and security issues necessitated reducing the gap to nine months for the quantitative study and increasing the gap to fourteen months for the qualitative study. Initially, the research team had planned to connect the qualitative and quantitative research in a fully integrated approach. Logistical issues, however, made it necessary to conduct separate qualitative and quantitative studies that complemented each other and overlapped partially. Reflecting the structure of the research, this report presents the two studies separately followed by an integrated discussion of the results and implications of the research.

## II. THE QUANTITATIVE STUDY

A prevalent error in psychosocial research has been to use Western measures of children's well-being in countries that define childhood and children's well-being in ways that differ significantly from Western views. Since children's well-being is a culturally constructed concept, this study took as its point of departure de Berry's (2003) groundbreaking ethnographic research. Her research indicated three domains of psychosocial well-being: relationships, feelings, and positive coping under difficult circumstances. The importance of relationships reflects the collectivist nature of Afghan society and the fact that people define themselves less as individuals than by their relations with family members and other significant people such as neighbors, teachers, and religious leaders. Afghans view good relationships as securing children's well-being through the provision of love and affection, care and protection, discipline, advice, and encouragement. Good relationships are reflected in the concept of *tarbia*, which includes children's manners, moral standing and behavior, and positive relations with others. Social relations have strong influence on children's emotions, which can be positive or negative. Positive feelings include happiness, calmness, freshness, and hopefulness, whereas negative feelings include grief, sorrow, anxiety, resentment, and fear. De Berry described children's means of positive coping as the development of faith, *tarbia*, courage, and responsibility. These qualities, which enable children to respond constructively in the face of adversity, are seen by Afghan people as stemming from proper upbringing.

Building on De Berry's research, this study attempted to create a quantitative measure of children's well-being that consisted of sub-scales concerning feelings, social relations, and coping strategies. In this manner, the research used previous ethnographic data, together with research

conducted in Afghanistan's northeastern provinces, to construct a culturally appropriate, quantitative measure of children's well-being.

### Methodology

**Design.** The villages included in this research were selected via stratified random sample using criteria of willingness to participate, ethnic diversity, proximity to CFA offices in either Taloqan or Kunduz, diversity of intervention (psychosocial, water, or both), and rough equivalence in how severely they had been affected by war, drought, displacement, and poverty. Exact matching of villages according to economic and social indicators was infeasible due to lack of quality data, population movements, and ongoing situation changes. The villages included and the design of the project are outlined in Table 1.

**Table 1: Outline of Research Sites and Conditions**

Village	Ethnic Groups	Majority Group	Intervention Type	District
Nawabad	Tajik, Pashtun, & Uzbek	Pashtun	Water project	Kunduz
Nahri Said	Uzbek, Tajik, & Pashtun	Pashtun	Water project	Takhar
Faizabad	Tajik, Pashtun, & Uzbek	Tajik	Psychosocial	Kunduz
Donqushlak	Tajik	Tajik	Psychosocial	Takhar
Hajibaba	Tajik, Pashtun, & Uzbek	Tajik	Psychosocial and water	Kunduz
Shek Hali	Hazara & Tajik	Hazara	Psychosocial and water	Takhar
Said Ahmed	Tajik & Uzbek	Uzbek	Psychosocial and water	Kunduz

The design included T1-T2 comparisons within each condition. The T1 data were collected in August and September, 2003 and the T2 data were collected in May, 2004.

**Ethics.** In war zones, ethical issues deserve high priority, particularly since it is easy to raise expectations in conditions of severe hardship or to use an extractive approach that exploits local people. To manage expectations, the researchers and the CFA staff whom they trained explained that the purpose of the research was to learn about the well-being of Afghan children. The researchers emphasized the importance of understanding how children are doing and neither stated nor implied that the results would influence future funding and support by CFA. The research included provisions for feeding information about the results back to CFA staff and participating villages as a means of supporting learning and program enrichment.

In view of the strong norms of Afghan hospitality and collectivism, it is dubious whether the concept of informed consent, which is steeped in individualism, applies to Afghan culture. Obtaining informed consent in Afghanistan is difficult also due to high levels of illiteracy and norms that mitigate against discussions with individual children or adults. Nevertheless, the researchers attempted to obtain informed consent by explaining to participants that they had no obligation to participate, that it would be no problem if for any reason they chose not to participate, or if they left the research sessions at any time. Participants' confidentiality was protected by assigning a numeric code to each participant, making it impossible for local people to match particular scores and behaviors with individual participants.

**Research Questionnaire.** Numerous authorities on Afghan children and child protection cautioned against individual interviews with Afghan children. Accordingly, the researchers set out to develop questionnaires that could be administered to groups of Afghan children or adults. Following extensive discussion with local CFA staff, the researchers developed two questionnaires, for children and adults, respectively, that operationalized de Berry's domains of psychosocial well-being. Having introduced the local CFA staff to the domains of psychosocial well-being, the researchers asked the staff to identify suitable questionnaire items that reflect a local understanding of each domain and that children and adults would easily understand. This process involved extensive discussion of the various domains, candidate items, and translations of the items into Dari.

Following the development of a draft questionnaire, the researchers conducted a focus group discussion in Kunduz with teachers and other local experts on children. They discussed the suitability of each item for use in Kunduz in Taloqan. Next, the researchers trained the local CFA staff in questionnaire administration. Selected male and female staff then accompanied the researchers to a local school to pilot the questionnaire. Two interviewers administered the questionnaire to multiple groups of ten children, and the feedback from this pilot test guided modifications that were incorporated into the questionnaire used in the study. The child questionnaire (see Appendix A) consisted of 23 items. Nine items concerned feelings; 6 items concerned relationships; and 8 items concerned coping. The coping items embodied a hierarchy of increasing sophisticated means the children might use in addressing problematic situations. The adult version (see Appendix B) included questions about children's feelings (8 items), relationships (7 items), coping (8 items), and *tarbia* (6 items).

**Participants.** The instrument was administered to 267 children between the ages of 8 and 14 years and to 145 adults in 7 villages, as outlined in Table 1.

**Procedure.** Considerable care was taken to insure that the participants understood the questions and responded to the appropriate items. Using a modified Likert scale, the researchers or their assistants asked the children and adults to respond to each item using three visual images of differently sized triangles. A small triangle represented the response "rarely;" a medium size triangle represented the response "sometimes;" and a large triangle represented the response "usually." The researchers had been advised that the use of visual images would make it easier for children to understand and to make the requested frequency discriminations. To enable children to practice their discrimination skills, the children answered three preliminary questions on food preferences before answering the items concerning well-being. The questionnaire administrator read and repeated each question, asking the participants to respond by choosing one of the triangles that corresponded to the particular question.

## Results

Statistical analyses were used to test the reliability and validity of the sub-scales for the three domains and the particular items of the questionnaire on its initial administration (T1). In regard to the coping items, the researchers had assumed that the responses reflected a preconceived hierarchy of sophistication in coping strategies. This assumption, however, turned out to be incorrect, making it necessary to exclude the coping items from the analysis. This led to the conduct of a subsequent qualitative study of coping, as discussed below.

To validate the questionnaire, identity item fit, and weed out aberrant items, the children's and adults' data were analyzed initially using the Rasch Unidimensional Measurement Model

(RUMM). This analysis resulted in the identification and rejection of two items in both the child and adult questionnaires that did not fit the model. These items were “Are you afraid something bad will happen to you?” and “Do you worry about many things?” With these items removed, both questionnaires achieved a “reasonable” test-of-fit power, thereby demonstrating a consistent pattern of responding by both children and adults.

To examine the factor structure of the questionnaires, AMOS was used to analyze the responses to all items in the relationship and feelings sub-scales of the children’s questionnaire. The feelings and relationship sub-scales of the children’s questionnaire fit the data well. Worry, anger, and sadness emerged as the three main sub-groups of the Children’s Feeling sub-scale. The Children’s Relations sub-scale revealed three sub-groups: family and teacher, neighborhood, and friends. Overall, these results indicate that the questionnaire contained reliable, useful subscales on children’s relationships and feelings and that each subscale had a discernible internal structure that resonated with de Berry’s (2003) observations. However, the adult questionnaire proved to be less useful. Although the relationship and tarbia sub-scales fit the data reasonably well, the Test-of-fit power and reliabilities demonstrated at T1 were too low to warrant continued use of the adult scale.

Nine months following the first data collection, the researchers collected a second data set (T2) in May, 2004. The children’s questionnaire was administered to 224 children in six villages. No data were collected from Sheik Hali since this village had served as a pilot in the initial part of the study, and children’s names had not been recorded. The Goodness-of-fit analyses at T1 suggested that the Child Feelings and Child Relationships sub-scales were sufficiently robust to warrant a comparison between the data at times one and two. These comparisons were made for conditions (water, psychosocial, and both) using t-tests on sub-scale scores that were recoded following the RUMM analyses. Table 7 shows that the water intervention had significant effects on children’s feelings and relationships. No significant effects occurred in regard to the psychosocial intervention alone. The combination of water and psychosocial interventions had significant effects on children’s feelings but not their relationships.

**Table 2**  
T-test statistics for Condition on Child Feeling and Relationships  
Scores at Times 1 and 2

<i>Condition</i>	<i>Feelings</i>	<i>Relationships</i>
Water only	<b>2.58</b>	<b>3.03</b>
Psychosocial only	0.33	0.15
Water and psychosocial	<b>2.83</b>	-0.27

Bold statistics are significant at <0.05

To provide a finer grained analysis, comparisons were also made by village. As Table 3 shows, within intervention conditions, there were significant variations by village. For example, the water intervention significantly affected children’s feelings and relations in Nawabad, but in Nahri Said, the water intervention had significant effects only on children’s relations. Similarly, the combined water-psychosocial condition in Hajibaba significantly affected children’s feelings but not relations, whereas the reverse pattern occurred in Said Ahmed. In Said Ahmed, however, the relations scores decreased.

**Table 3**  
T-test statistics for Village on Child Feeling and Relationships  
Scores at Times 1 and 2

<i>Village</i>	<i>Condition</i>	<i>Feelings</i>	<i>Relationships</i>
Donqushlaq	psychosocial	0.72	1.37
Nahri Said	water	1.50	<b>2.18</b>
Hajibaba	both	<b>4.29</b>	1.84
Faizabad	psychosocial	0.34	-1.13
Nawabad	water	<b>2.34</b>	<b>2.12</b>
Said Ahmad	both	0.15	<b>-2.24</b>

Bold statistics are significant at  $<0.05$

### Discussion

This study achieved a reasonable degree of success in constructing a culturally grounded, quantitative scale to measure Afghan children's psychosocial well-being, particularly the feelings and relations aspects of well-being. If validated and extended in other contexts, this result could have significant implications for the development of the field of psychosocial assistance to war-affected children. In particular, it suggests there is merit in the attempt to quantify the impact of community-based psychosocial programs that go beyond the use of trauma scales and use culturally constructed conceptualizations of children's well-being.

At the same time, numerous problems that were encountered in regard to the scale warrant additional attention. The questions used may have been too general for use with people who have low literacy levels and little familiarity with the abstract thinking required by general questions. Future research should consider using more concrete, specific items that local people will more readily understand. Also, it was not always clear that children understood the questions fully. Although the researchers had been advised not to interview children individually, it would have been useful to check individual children's understandings of and appropriate response to each question. This might be achieved through administration of the questionnaire to smaller groups of children, with trained staff quietly asking each child why they responded as they did to each item as the questionnaire is administered in a group context. An additional concern was that the three-point Likert scale used provided only moderate degrees of resolution, suggesting that the scale could be improved through the use of a five-point scale.

The coping sub-scale developed initially proved to be problematic and was dropped from the questionnaire. The researchers had hypothesized that the higher the level of the child's well-being, the more sophisticated would be his or her problem-solving strategies. More sophisticated strategies were considered to be those involving thought and reflection, consultation with peers, direct attempts to solve the problem, and planning and exercise of autonomy. In retrospect, this approach was probably an excessively Western approach to apply well in Afghanistan. Indeed, when asked to arrange items in order of sophistication, local focus group participants rated "pray to God for help" and "ask advice from elders" as more successful and desirable strategies than "talk to other children about the problem" and "think about the problem and solve it for themselves." These observations led the researchers to conclude that much more needs to be learned about Afghan's concepts of coping before it is possible to develop coping scales and

hierarchies. The research team decided that CCF should conduct a follow-up qualitative study on coping, which is reported at the end of this section.

The T1-T2 comparisons across conditions were simultaneously revealing and perplexing. A potentially important outcome was that the water intervention alone improved children's feelings and relations, whereas the psychosocial intervention alone had no effect. Numerous interpretations of this outcome are possible. First, it is possible that water interventions have greater impact on children's feelings and relations than psychosocial interventions per se since the latter are too abstract, whereas the former are concrete, tangible, and address urgently felt survival needs. This interpretation finds partial support in previous research in Angola, where the impact of psychosocial interventions was weak or faded out over time unless it was coupled with physical improvements that local people regarded as symbolic of peace and increased well-being (Wessells & Monteiro, 2001).

A second interpretation is that the water intervention was in part a psychosocial intervention by virtue of the manner in which it had been implemented. Numerous humanitarian agencies, including CCF, have argued that psychosocial elements should be integrated into all forms of humanitarian assistance. Often, this can be achieved by implementing shelter or water-sanitation projects in a manner that increases dignity and self-reliance. It has been hypothesized that local people's participation in collective planning and implementation in projects such as wells construction is a means of increasing the sense of self-reliance and decreasing feelings of being overwhelmed following traumatic experiences. Conceivably, the water condition in this study had positive psychosocial impact because it entailed community planning and cooperation in designing, building, and using the wells. This hypothesis, however, does not readily explain the benefits to children in the age range of 8-14 years, who did not for the most part participate in planning and implementing the water project. Conceptually, it is problematic to define all participatory projects as psychosocial since under this definition, all projects could be psychosocial. Such a hegemonic move could dilute the meaning of the term "psychosocial" and invite backlash from people who work in sectors such as health who might argue that health interventions really are just that, even if they do produce improvements in psychosocial well-being.

Although these and other possible interpretations invite additional research, it is important not to place too much stock in the finding that the psychosocial intervention alone had no significant impact. The results of no single study can answer the question whether psychosocial interventions have impact and add value relative to other kinds of intervention. It is possible that the particular psychosocial intervention implemented in this project had minimal effects but that other psychosocial interventions might have had much greater impact. Possibly, psychosocial impact in a context as complex and poor as Afghanistan is better measured over a period of years rather than in terms of the rather short periods of time used in the present study.

Also, the small number of villages studied and the inter-village variability within conditions caution against overgeneralization. In light of the village specific changes and the changes that no doubt occurred in the wider context of Northeast Afghanistan, future research needs to address numerous questions. First, why did children in Nawabad exhibit improvements in both feelings and relations? Second, why did children in Nawabad and Hajibaba exhibit improvements in feelings? Third, why did children in Said Ahmed exhibit decrements in relationships? One possibility is that the introduction of wells into a village already divided by conflict could set the stage for increased fighting and tension. In fact, Afghan children frequently fight over water. Additional research on these questions, possibly through qualitative methods, is needed to help explain the pattern of results from the quantitative study.

### The Sub-Study on Coping

Because the sub-scale on coping was problematic, the researchers decided to conduct qualitative research to clarify other methods that can be used to analyze children's coping and to explore further the possibility of defining hierarchies of Afghan children's coping responses. Accordingly, a CCF team consisting one male researcher and one female researcher conducted a sub-study on coping in May, 2004. Although the research used qualitative methodology, it is described in this section because it was connected intimately with the quantitative study.

#### Methodology

Using a methodology of convenience sampling and group discussion that had proven most useful in other contexts, the research convened small groups of approximately 8-10 people in the age groups 7-13 years, 14-18 years, and adults (over 21 years). For each age group, separate discussions were conducted for girls and boys. The CFA staff member who accompanied the researchers was asked to explain and respect the principle of informed consent and to avoid creating any tacit pressure for particular children to participate. Confidentiality was protected by not recording names of any of the participants. The five villages selected for the study represented different conditions in the wider study and also diverse ethnic groups.

The discussions centered around four main questions: (1) What are children's main worries? (2) Which are the most severe worries? (3) What do children do to cope or to manage their situation? (4) Which strategies work best to solve their worries? The interviewers asked and followed up on these questions in diverse ways in an effort to discern which ways evoked the most interest and participation and, in regard to coping, generated the widest discussion of coping options and ranking criteria and considerations. As the interviewers learned which questioning strategies evoked fruitful discussion, they focused increasingly on the ranking of children's worries and coping responses.

The questions also included scenarios that invited reflection on how children manage a specific situation or problem. Examples included items such as:

*A boy is on his way to school and an older boy stops him and takes his books. What does the younger boy do usually in this situation?*

*An orphan is sad. What does an Afghan boy who's an orphan do to feel better?*

The scenario method was used as a means of providing concrete situations to respond to. Also, scenarios permit probing and follow-up about details of the responses to situations and the feelings evoked.

With young boys, some of whom were shy initially, projective questions were used to elicit information about sources of upsetness and children's feelings in response to them. An example of this type of question is:

*An Afghan boy is upset. Why? When are Afghan boys upset?*

A variation was to ask an individual child or pairs of children to draw a picture together and then discuss why and what to do about it. In another variation, children were asked to draw pictures of a boy who is upset in a particular domain such as family or school. In each of these variations,

drawing served as a platform for discussion, as boys were invited to tell the story of what their drawing is about and how children typically manage such a situation.

*Ranking.* Since outsider defined hierarchies of effective coping responses had proven to be culturally biased or inapplicable, the interviewers asked various groups to rank the children's worries they had identified and also the quality of the coping responses identified. The latter question frequently evoked animated discussion in which different participants argued for or against the ranking of a particular coping response as "better" or "more effective" or "more appropriate" than others. These discussions frequently referred to core Afghan values such as *tarbia* and Koranic values.

## **Results and Discussion**

There were five key results, the first of which is the extent to which gender influenced children's risks. Young girls' main risks centered around lack of access to school due to not having school clothes and also teachers' practices of yelling at and humiliating the girls. Teenage girls' main worries concerned engagement and marriage, particularly the issue of arranged marriages. Second, children's worries varied according to their situation and age. In one village that had running through it a swiftly moving river, the lack of a proper bridge was a central worry for younger children, while this was not a concern in other villages located in arid regions. In some villages, younger girls worried about fighting while at the well trying to obtain water, whereas older girls worried more about the lack of a bridge and about marital relations.

Third, significant gaps existed in some villages between what adults said children worried about and what children themselves said they worried about. For example, no men interviewed in one village indicated that a significant worry for young boys is the lack of water and toilet at school. The young boys, however, ranked this among their top three worries. In another village, women said young girls worried about being poor and having no access to a clinic, but the girls themselves said their main worries were not having school clothes, getting sick from sun exposure, being yelled at by teachers, and being injured in traffic. A constructive approach in psychosocial programs may be to use this gap between adults' and children's assessments of children's worries as a basis for discussion with villages to correct misperceptions and increase adult's sensitivity to what children say.

Fourth, in response to self-identified worries or risks, children identified diverse coping responses that local people agreed could be ranked in regard to their perceived appropriateness and efficacy. In one village, teenage boys articulated clearly an array of coping strategies for handling particular worries. Through discussion, they achieved a consensus rank ordering of the coping strategies. Adult men, too, had little difficulty in ranking the strategies with regard to appropriateness or efficacy. Young boys, however, were mixed in their ability to rank different coping responses. Overall, it seems that local hierarchies of coping responses exist that can be used to rate the level of appropriateness or efficacy of various coping options.

Fifth, children did not invariably display knowledge of potentially effective coping responses. For example, the young girls in Said Ahmed worried about fighting between both children and adults at the well. Asked how they cope with this fighting, they said that the children could dig another well to reduce the fighting. Although it is well intentioned, this strategy is infeasible in view of the depth to which one must dig to achieve a useable well. More important, it overlooks the potential value of coping responses that employ methods of nonviolent conflict resolution such as taking turns, setting limits on how much water can be taken at one time, and referring disputes to village committees to resolve the conflict. Psychosocial programs stand to contribute

to children's well-being by reducing village-level violence through teaching children appropriate strategies for handling conflict without resort to fighting.

More broadly, psychosocial programs may increase children's knowledge of and tendency to use effective coping responses. One could hypothesize that an effective psychosocial program would increase the diversity of coping options that children can identify and will increase the likelihood that children will choose increasingly effective or appropriate coping strategies as a result of the program. Based on the existing literature, children who understand and use more effective coping responses should, other factors being equal, show higher levels of well-being than children who use less effective coping responses.

This preliminary study identifies a qualitative methodology for studying the effects of a psychosocial program on children's coping strategies. It shows that Afghan children's worries and coping responses can be ordered in a hierarchical manner that reflects cultural norms and preferences that can be measured in a reasonable period of time. By comparing baseline and intervention measures of the number and quality of children's coping responses across conditions of psychosocial versus other interventions, one may evaluate the impact of psychosocial programs on children's coping. This approach provides a useful qualitative complement to the quantitative methodology developed in other parts of the overall research project.

Additional research, however, is needed to advance the study of Afghan children's coping. The current study did not measure coping behavior directly, and it would be unwise to assume that children's understanding of various coping strategies translates into a willingness to actually use them or an ability to apply them in a skillful manner. Future research should examine the relations between children's understanding and behavior in regard to coping with an eye toward measuring actual coping behavior. Also, one cannot assume that the locally defined hierarchy of coping responses maps onto a hierarchy of children's well-being. In fact, there may be coping responses such as accepting parents' decisions about marriage partners that may have negative effects on girls' well-being. An important area for future research, then, is to examine the implications of Afghans' preferred modes of children's coping for children's overall well-being.

### III. THE QUALITATIVE STUDY

The qualitative study had two primary objectives. The first was to probe children's understandings and perspectives on their main problems and sources of suffering and difficulty, the main threats they face, and how they attempt to cope with the challenges they face. The second was to gain insight into the psychosocial well-being of children at T1 and T2 (approximately one year apart), highlighting any differences that may have occurred and possible reasons for the differences. An ancillary objective was to study children's coping strategies in hopes of clarifying how to improve measures of children's coping. The T1 research was conducted August-September, 2003, and the T2 research was conducted December, 2004.

#### Methodology

**Village Selection.** By design, the qualitative research focused on a subset of the same villages that participated in the quantitative research in hopes of providing a more complete picture of children's well-being. Because the qualitative research involved a more time-intensive methodology, it was not possible to study all seven the villages that had participated in the quantitative study. The qualitative research focused on four villages: Nawabad (water), Said Ahmed (water & psychosocial), Shek Hali (water & psychosocial) and Donqushlak

(psychosocial). The main considerations for the selection were obtaining diversity in terms of ethnic composition, religious group (Sunni and Shi'a), means of livelihood as well as representing the different intervention conditions.

**Ethics.** Similar steps to those taken in the quantitative research were taken in this study to insure respect for the principles of confidentiality and informed consent. All participants were informed that they had the right not to participate and that they were welcome to leave the discussions and other research activities at any time. To reduce suspicions and repercussions for what participants said during discussions, no tape recordings were made of interviews and focus group discussions. To avoid unintended harm to individuals, this report does not identify participants by name. Also, since the qualitative data reveal potentially sensitive information, no village names are included in the discussion of the qualitative study.

**Participants and Methods.** Having been introduced by CFA staff to the villages, the researcher spent a significant number of hours in each village and used participant observer methods to learn about them. Diverse methods were used to collect data:

- Focus group discussions of 8-12 people, separate sessions with adults and children
- Individual semi-structured interviews with young men, village leaders, imams and other key informants
- Participatory Rapid Appraisal (PRA) tools such as Venn diagrams, issue matrices and time lines
- Children's activity sessions. These involved drawing and then discussing drawings either individually and/or as a group. Children drew pictures about what made them happy/sad. Exercises undertaken with older children included listing their favorite and least favorite activities and these were used as a springboard for focused discussion. Popular stories and poems were also collected from children.
- Participant observation, in and around the project sites
- Home visits in which one or two (or more) family member(s) might be present

By collecting data on particular issues from multiple groups, it was possible to view issues such as foster parenting from different perspectives. This method of eliciting contrasting perspectives from different sub-groups was used to unearth differences between children's and adults' perceptions and between girls' and boys' perspectives, among others.

Because the researcher was male, he was unable to interview directly Afghan women and children. To circumvent this problem, he trained a CFA female staff member, who conducted focus group discussions with girls and women. At best, this proved to be a partial solution and did not yield the same quality of data as that which was obtained from the men.

### **Observations at T1**

By design, the observations made at T1 focused on children's concerns and coping and also on the general conditions of life in the four villages. This section summarizes the major observations.

#### **Children's Psychosocial Well-Being**

Consistent with the view that views of childhood are culturally constructed, villagers consistently referred to people 0-14 years of age as being in a distinct life stage in which they

need parents' protection and also moral guidance since they are regarded as not knowing right from wrong. Beyond age 14, people are regarded as young people rather than as children.

A key concept in Afghan children's well-being is *tarbia*. Afghan adults stressed that children learn *tarbia*, moral values, from adults. In the villages, *tarbia* was understood to refer to a range of good behaviour, attitudes and values. Politeness for boys and men, for instance, includes demonstrating respect for women through not commenting on appearance and not talking about intimate matters in public. Other notions include respect for others, being sociable, hospitable and peaceful, an awareness of morality, bodily cleanliness and an awareness of gender-specific codes of conduct. Children described *tarbia* as being about cleanliness, not making noise, not making up eyes (for girls), saving water, not playing when they are supposed to be doing housework, going to school, respecting elders, obeying the instructions of parents, not feeling jealous, being loyal to someone, loving each other, praying, studying, being bright and open. The wide range of social and personal behavior as well as particular attitudes associated with *tarbia* suggests that Afghan society associates the concept with both personal and communal well-being: good *tarbia* has positive consequences for the individual and the community which he or she forms part of. Children primarily learn *tarbia* from their families, which must good *tarbia* in order to pass it on to their children. Social values such as doing good and learning reciprocity are also learned from various other social and religious sources in the community.

In discussions and drawings, children identified diverse challenges that made life difficult. Although children expressed strong interest in education, they reported that only some children in each family are sent to school, whereas others have to work to help support the family. Some villages did not have schools or had schools that were in poor condition. The lack of schools in villages often led children to walk two or more hours to school even in very hot or cold conditions. Gender was a major issue, as girls were typically allowed to attend school for only a few years before parents took them out of school. Girls who continued school faced enormous pressure from family and others to withdraw.

Children expressed a variety of worries, including worries about landmines and floods. Afghanistan has one of the largest concentrations of landmines in the world, and the clearance of mines and unexploded ordnance has been slow. Flooding affected all four villages, and children expressed worries about drowning, particularly in places where there were no functioning bridges. Lack of access to good roads concerned children because of their difficulties in reaching schools. Children also worried about lack of clean water. Even in villages that had wells, some wells yielded only salty water. Lack of playgrounds and scarcity of sports equipment also concerned children. In villages that had damaged mosques, where children typically go to receive teachings from the Koran, children expressed a desire to replace the damaged mosques.

Children's coping strategies are an essential part of their psychosocial well-being. Although adults emphasized children's dependence on adult guidance and lack of maturity, children's own understanding of their situation and role suggests that they are active participants who attempt to solve their own problems and those of their families. To help their families cope economically during the war, children sometimes took jobs. A 12-year-old girl told how she helped her ill mother by working in Pakistan when they were refugees.

I was living with my mother as refugee in Pakistan. My mother's half body became paralysed. I then began to work in someone's house cleaning floors and washing dishes. I was paid 200 Rupees a month and used the money to support my family.

Similarly, children displayed a keen sense of responsibility in fulfilling the domestic, farming, and herding responsibilities they are assigned.

Children demonstrated abstract as well as concrete thinking in solving problems. When asked what would they do if their house was on fire when they were alone at home, children suggested that they would try to put out the fire with water or sand if it is small, call neighbors for help, run away from it to escape, take babies, animals and property away from the fire. In order to avoid danger from mines the children reported not going to the minefields, telling others not to go there and inform parents, so that the problem can be reported to NGOs working in mine clearance.

A mixture of resources such as families, peer groups, communities, and religious resources emerged as important influences on children's well-being and healthy development. The family is an important unit in providing care and protection for children and is thus an important resource for coping. Both adults and children in Afghanistan see parents as being important for providing guidance and for helping to foster good *tarbia* in children. However, some adults pointed out that families are not always supportive of children since in some families children are beaten and made to work very hard. In addition, children whose parents had died and who were in the care of extended family members explained that relatives often discriminated against fostered children in favor of their own children and used the orphaned children as a source of labor. Adults, however, had different perceptions and failed to notice children's perspectives on living in adoptive situations. Consistent with other research (e.g., Mann, 2004), these observations challenge the views that adults invariably know what is best for children and also that the "family" always provides the best care for children in emergency situations.

Friends and peer groups also provide valuable support for Afghan children, who said they experienced comfort and happiness when playing with other children. Peers are also a source of protection, as children recounted how, during the war, they fled together with friends from the Taliban. At the community level, children receive support in times of danger and also indirect support in the form of moral and religious guidance. Beyond the immediate family, key sources of support identified by children included headmaster, teachers, elders in the village, *mullahs*, neighbors, and older students, among others.

### **Religious Resources**

Afghan children also derive support from their Islamic faith and pre-Islamic spiritual practices. Afghan people frequently conduct rituals as a means of asking God to survive stressful encounters. One mullah suggested that a person can offer a feast if he or she foresees a risk or threat like traveling to a foreign country for the first time or becoming seriously ill. The feast is thus a medium or symbolic communication between the supernatural and a believer. The Islamic practice of *sadaqa* (Arabic) is called *khairat* in Afghanistan and forms part of a voluntary religious offering. *Khairat* involves sponsoring a feast for the poor and is considered a generous act performed when a family or a community is struck by disaster or faces a difficult situation. Sponsoring a feast is a request for mercy from God. Sometimes, *khairat* is an expression of gratitude after a person has escaped a dangerous encounter or has recovered from an illness. A community can sponsor *khairat* together or it can be sponsored on an individual basis. Villagers reported that *khairat* is a regular gesture of the more wealthy families in the villages but that all families try to sponsor *khairat* in response to problems or suffering or as a form of gratitude.

Religious symbols such as amulets (*tawiz*) are used in the villages for protection against a range of illnesses including spirit possession and 'evil eye,' a condition that is believed to cause sudden shifts in mood and other problems. These amulets are obtained from the mullah, who may

also be involved in identifying a particular illness or affliction and preparing the appropriate *tawiz* or amulet. *Tawiz* is also believed to protect against epilepsy, polio and mental illness, and children and adults of all ages wear them. In the villages, people also made use of a number of other religious practices to obtain protection or healing. As one woman described,

When children are attacked by the evil eye, first we got to the mullah and get a *tawiz*. We also burn an herb called *spanned* to protect children from illness. In some families, they regularly burn the herb once a week, every fifteen days or once a month. This guards against the evil eye. When children are afflicted by a devil, we will take them to the mullah or we take them to a shrine. The shrine is a tomb of a saint. People go, pray, and recite holy *Koran* at the shrine. At some shrines people are healed from illnesses.

The villagers' use of various religious elements as resources to help them cope with dangers and suffering goes beyond the merely functional but is also an indication of the spiritual dimension that forms part of people's everyday life. People live with the reality and comfort of a greater power than themselves affecting their lives. Far from this making them fatalistic, however, the villagers appeal to the mercy of God for assistance while at the same time they take active steps to solve their immediate problems.

### **Main Issues in the Villages**

The psychosocial stresses that Afghans experience were diverse and arose not only from traumatic memories but also from a wide array of current problems in living. Many people described their emotional suffering in terms of *ranj* and *gham*. The term *ranj* can be translated as "sadness" which may be used to refer to upsetting day-to-day experiences as well. *Gham* is a stronger emotion than *ranj* and can be translated as "grief." People felt *gham* if a family member or friend dies or if a serious accident occurs. The war causes both *ranj* and *gham* and includes long-term emotional suffering as well as acute distress at certain events such as deaths and injury. Children did not always distinguish between *ranj* and *gham*, using the term *ranj* to refer to day-to-day problems as well as severe suffering. In one village, children reported that they had feeling of *ranj* when they were poor, had no parents, had a sick family member, lost a family member, became cold in winter, had no schools, are hungry, have no clothes for winter or summer, or have damaged houses. Both children and adults viewed *ran* and *gham* as closely related to poverty, hunger and illness.

Of all the issues villagers identified, the most significant was poverty, which the war had significantly increased by destroying people's homes and property. Enduring poverty is linked to the pervasive lack of ownership of sufficient land to provide fully for one's family. Differences in wealth influence the physical care provided to children as poor families reported that they were not able to meet the basic needs of their children. Children in all villages reported that they were not getting enough food, that they did not have adequate clothing for winter and could not afford exercise books. Many young people complained that they had no jobs and sat idle during periods of minimal agricultural activity. In the villages, poverty and family size are interrelated in the villages. Most people prefer larger families, which have more difficulties in caring for their children, as one woman explained.

Large families cannot afford enough food for their children. Children from these families cannot have good *tarbia*. Small families are better; their parents can solve their problems and they are not affected so much.

Poverty in the villages is intimately connected with gender. Due to the war, there are many female-headed families, which have fewer income-generating opportunities than male-headed ones. In northern Afghanistan men dominate the public domain, thereby restricting women who have to support their families without male help. In one village, women from female-headed families are not allowed to work in the public sphere and are permitted to earn money only through activities such as making ropes from cotton and wool, doing housework for others, embroidery, knitting, washing clothes, among others. Earnings from these activities are too little to provide adequate support and care for their children. An additional problem in all the villages is that wives in polygamous households do not receive an equal share of the husband's attention and resources. Women suggested that husbands tend to give more attention and care to the youngest wife and her children, which could result in the neglect of the wives and their children. According to one woman,

The degree of love shared by wives with a husband is not equal and changes with time. A husband tends to love the new one who is usually young. He does not care about the others and the children can be affected by this. He does not treat all equally, for instance, and may give more food to some than to others. Some of the children may not be able to go to school because of this. Because of jealousy among wives, a family can be drawn into conflict and crises and children can be affected from this consequences.

Other problems in the villages included the lack of infrastructure, including poor roads that made it difficult to access health services, and insecurity stemming from the presence of landmines and exploitation by local commanders. In some villages, hashish abuse was identified as a problem. Despite these and other challenges, it is noteworthy that both children and adults demonstrated considerable resilience, as de Berry (2003) had also observed.

### **Observations at T2**

The T2 observations were made in December, 2004, approximately 15 months following the initial data collection. For logistical and security reasons, the research was restricted to a period of 2.5 weeks. Due to the short time available, the researchers reduced the number of villages by one and decided not to work in Said Ahmed. Otherwise, the research focused on the same villages that had participated in the previous research.

The main issues that were explored during fieldwork were:

1. What changes have taken place in the village since T1? What has improved/ become worse? What factors are involved in these changes?
2. What changes have taken place in children's well-being over the past year? What has contributed to these changes?
3. How have different groups of children in the community fared over the past year (for e.g. working children, orphans, adolescent girls)
4. What continuing protection issues are there for children in the villages?
5. What are children doing to meet the current challenges they face?
6. How do the experiences and perspectives of girls and boys differ in the villages? What factors contribute to these differences?
7. Families: what changes have occurred in specific families over the past year?
8. What changes, if any, have been brought about by the CFA programme? What are adults and children's perspectives on the programmes?

## **General Changes in the Villages**

Overall, adults and children were far more positive about their lives in T2 than in T1, stating that a number of things had changed in their villages over the past year that had improved their lives substantially. Positive changes included the increased political stability in the region and the prevailing peace that allowed people to continue rebuilding their lives. The fact that the elections had been conducted peacefully a few months earlier gave rise to optimism that the wars had finally come to an end. Two comments from men testify to this change:

The life of the people is better than last year because the people believe that there is no war anymore... The village isn't a battlefield anymore. We have a president, Karzai, with the help of God.

Peace prevails, that is the biggest change in our village... Life in general is better because we are free to do what we want to do, no limit of movement due to bad security conditions.

These comments indicate that changes in the wider political climate have improved life in the villages.

The increasing normalization of life was seen by all three villages as playing an important role in the well-being of both families and the community as a whole and was directly related to the presence of political stability. One man said

As the numbers of returnees increases, my work is getting better. I have a lot people coming to me. Our life is normal. I have three rooms which I inherited from my mother-in-law. The coming of returnees, building of houses, these things show how normal our life is becoming again. The marriages, parties and work are increasing.

The normalization of life was evident also in that weddings and celebrations were now being conducted more frequently again. One woman commented that weddings had become more frequent and were conducted in a more colorful, celebratory manner. In the villages houses were being rebuilt, schools were being constructed and children were attending classes in increasing numbers. People saw these factors as tangible proof of how life was becoming better and normal again. As one man said,

Life is getting better.... We have got shelter now from CFA and that helped us a lot to start our life again like it was before after we came back from Pakistan

These positive changes, however, were accompanied by continuing challenges and difficulties. These include difficulties accessing health care, which have caused numerous preventable deaths, and the lack of mines clearance. A new concern for men in the villages is the recent government ban on growing poppy and the production of opium, which has caused a loss of income that has been difficult for families to absorb. Other continuing concerns included the lack of bridges, functional roads, and clean, unsalty water. Lack of farmland was also a problem since people were increasingly reliant on farming as a mode of living.

## **Changes in Children's Psychosocial Well-Being**

Children in all villages were positive about the changes in their lives over the past year and felt that things had changed for the better. Children's comments indicated great happiness over their ability to go to school and to have greater security:

Our life is better now. We have got very good shelters that do not leak water and windows that have glass in them... Of all the things, going to school is the biggest change in our life.

We feel less fearful now and it is peaceful.

We are happier because peace holds. We returned to our village and started to live and go to school.

While children continued to be afraid of mines in the fields and mountains, of drowning in fast-flowing rivers, and animals such as dogs and wolves, they were not scared to walk to school and to play outside.

Also, both boys and girls mentioned that over the past year, they had started making friends from other ethnic groups than their own. In numerous villages, children talked about forming friendships with children from other villages and other ethnic groups. While children themselves did not directly say these friendships were a sign of improved well-being they seemed to enjoy being with children from different ethnic backgrounds and seemed proud of this. Friendship in itself seemed to be an important aspect of their lives, and children mentioned having more friends and being more sociable than last year as a positive change that had occurred. The formation of inter-village and inter-ethnic friendships is also a sign of peace building at the grassroots level.

Children also reported playing new kinds of games, which they enjoyed explaining to CFA staff and the researcher. It is interesting to note that children included social aspects such as friendships and games in talking about positive changes that have occurred in their lives. When asked to draw pictures of a happy child and a sad child and to explain the reason for the child's feelings, children drew a range of personal, material, and family issues. In one village, boys indicated as sources of happiness passing an exam, having an uncle return from Iran, getting new shoes, and visiting friends and playing together. Girls drew pictures indicating that sadness stems from being unable to attend school since there are no separate classes for girls, the village road or bridge being damaged or flooded, and not having new shoes for Eid.

Nearly all adults believed that children's lives and well-being had improved over the past year, and they used a combination of social, material, educational, health and protection criteria to back up their view. Reflecting a widely held view, one man said:

Children go to school and want to make their future and that is the big change in our village. Our children have more friends than last year because they are polite, they have better attitudes, and feel safe to play together, go to school and help in the house. They go to the houses of their friends, they share wedding parties and play games. [During the war] children were not sleeping well, sad, nervous, quarrelsome and hot-tempered. The girls feel stronger than last year and they are growing, take care of each other and show interest in each other and feel responsible to their household.

These positive changes in social interactions, behavior (*tarbia*), and emotional well-being were used as indicators of improved child well-being by adults in all three villages. Adults thus have a

holistic concept of what is important for children's well-being, and talked about the changes that had taken place both from their own (adult) perspective as well as from that of their children.

Parents frequently demonstrated considerable insight into their children's social and emotional life. One father said:

I have seen changes in my children: they have become more clever, cleaner and wash themselves after going to toilet. They used to be afraid of vehicle accidents, kidnapping, sinking in the river and diseases. Now they feel safer.... The children are doing well in class and their results improved. One of my daughters was ranked first in her class and the other one is 2<sup>nd</sup>... The children have friends and they come to our home.

*Q: What makes your children unhappy?*

When I fall out with my wife, they feel unhappy. They feel sad when the teacher fails to come to school. They also feel unhappy when they do not get something they want such as exercise book or clothes... The basic needs of children are a caring family, food and clothes. We also encourage them to be devoted to their study. Sport and play is also good to them.

Asked what they considered to be the most significant change in their children's lives, adults pointed to the stable security situation and participation in educational activities (schooling or literacy classes). According to adults, the end of war and living in peace has meant that children are less scared, anxious and nervous and this has resulted in greater freedom and increased *tarbia* for children:

Last year our children were scared and they were not doing anything, not even bringing food from town. They were scared of kidnapping or conscription into the army of the commanders. Now they are assured that this will not happen. They do everything for their families including going to town.

Our children didn't behave well last year. They are better this year. They have good education, good knowledge, they respect their parents. They go to school and mosque and they help their parents.

Like children, adults commented on the increased exposure of their children to other ethnic groups through schooling and the positive effects this has:

When we came, they were only making friends within the village and were fighting with Tajik and Pashtun children from other villages. That have stopped now and our children have friends from other villages, particularly in the school.

Adults attributed these improvements in children's social and emotional well-being to increased stability and peace, and they also acknowledged NGOs' role in providing education and children's activities. Adults also pointed to the efforts of parents to improve their children's behavior and *tarbia* at all times.

### **Challenges Faced by Children**

Despite these improvements, Afghan children continue to face difficult challenges. For example, children frequently cite beatings by teachers and exploitation by teachers as major reasons why some children do not attend school. In some cases, teachers have demanded that children work for them or pay them as a means of supplementing their salaries. Poverty remains

an enormous problem for both girls and boys. Children reported that girls from poor families were more likely to be married off at an early age and boys were less likely to continue with their education. Poverty had implications for children's survival, since children from very poor families had to beg for their food. Poverty also had psychosocial consequences in that poor children were teased and bullied by more wealthy children in the village.

Gender plays a significant role in defining the challenges to children. For girls, primary challenges include early marriages, the lack of separate classes for girls, and not having female teachers in schools. Girls also identified as problems *salibazadi* (not having a say in your fate), treating girls differently from boys, giving girls to old men, exchange marriage, polygamous marriage, heavy household chores, beatings by elder brothers, tattooing girls' faces, boys teasing girls in school, stopping girls' education, banning girls from literacy courses, and using girls as a means of compensatory payment for families harmed in a blood feud. Although these problems were not new, one noticeable change observed by the researcher between T1 and T2 was in girls' confidence and ability to express themselves and talk about their concerns. Girls also expressed concern over their heavy burden of household chores and the fact that parents beat them when they did not do the work.

Among boys, common complaints were about having to work too much on the fields or herding animals, explaining that this work prevented them from doing school work or, at times, from attending school altogether.

Girls and boys also continue to face numerous protection issues such as orphaning. Adolescents in one village said that the main difference between children was whether they were orphaned or not, with orphans being less likely to be attending school, more likely to be working or begging for food, and more likely to be shy and without friends. In all three villages children talked about the fear of being kidnapped. While all children stated that they were not scared of this happening to them at the time of the research, they reported having been scared of this in the past year. Adults in one village said that kidnapping had occurred in their area in the past when commanders had kidnapped children for military recruitment, cheap labor, or sexual abuse. Also, in some areas, Afghan boys dress up as girls and perform dances in public for occasions such as weddings or other celebrations. The practice, called *bacha basi* ('dancing boy'), and is linked to the cultural unacceptability of girls and women performing such dances in public. Boys may be trained under a 'singer', an older man who teaches them dancing styles, thereby becoming semi-professional and earning money from their performances. CFA staff explained that while in most areas this practice is considered to be normal and socially acceptable, there have been reports of boys being sexually assaulted or becoming involved in sex work through performing dances.

For adolescents, who seemed to be the most disaffected group in the villages, major problems included the lack of jobs and income, the lack of further educational opportunities, the lack of money to pay for the *kalini* (bride price) and to start a family, and the inability to obtain vocational training and/or to use the training to actually earn an income. To earn the bride price, many boys became laborers or migrated to Iran or Pakistan in search of jobs. Also, some boys smuggled hashish since they had few other opportunities for earning a living.

### **Marriage Issues and Impact on Children**

Children, adolescents, and adults talked about marriage issues and how they affect the lives of children. In particular, *alesh* marriages and early marriages were discussed as potentially causing unhappiness and problems for children. *Alesh* marriages are exchange marriages in which one family has a girl and a boy and marry these off to the boy and girl of another family without

either family making any payment in bride price. *Alesh* marriages occur often since people lack the money to pay *kalini* and prefer to avoid it if possible. Women and men said that *alesh* marriages cause more problems than *kalini* marriages for the children of the two families as well as for the whole family. Problems in one family were often replicated in the other. If there was domestic violence between a couple in one family, for instance, the brother of the abused women would probably take revenge on his own wife, starting a further cycle of violence in the second family. Also, economic problems in one family could extend to the other family with the result that both families could end up being severely impoverished. Adolescent girls strongly opposed *alesh* marriages since the girl has no say in the arrangement and could not oppose her parents. They explained that sometimes the girls do not like their *alesh* husbands but were then stuck with them.

Girls and young women also said they suffered because of the practice of early marriage. One woman told her story of her 'marriage' at the age of 6, saying that by the age of 20, she had already given birth to three children, only one of whom had survived. She reported being unhappy in this marriage and feels she has been made to suffer as a consequence of not having been married at a later age. In contrast, an 11-year-old girl stated her dislike for the way in which she was married off but explained that her marriage had taken her out of an abusive domestic situation and placed her into another family where she feels she is being treated more kindly. Although adults and youths believed that early marriages were decreasing in frequency, girls still listed this among the problems they face. Girls complained about being married off against their will irrespective of the age at which this occurs. In one village, women reported that they themselves had married off their daughters in order to survive economically and to gain protection if there is no man in the house.

Domestic violence also loomed as a possibility that worried women. One woman expressed regret over her decision to arrange the marriage of her 16-year-old daughter the previous year. Her regret stemmed from her daughter's inability to continue schooling and also from her son-in-law's violent behavior:

[M]y daughter got married and I regret very much that her husband is addicted to hashish. He beats her up several times. When he can't find hashish, he becomes angry and beats her. I went to a commander and complained about it. The commander advised him and he stopped beating his wife and now her life is getting better.

Girls between the ages of 8 and 12 year were clearly aware of the possibility that they may be married off early or may be married into *alesh* marriages with the negative consequences this may have for them, and were concerned about this. An awareness of the cultural and economic factors that influence people's decisions in this regard is important as agencies think about how to improve the lives and well-being of girls and boys in the communities.

### **CFA Programs**

Villagers attributed many of the positive changes that had occurred over the preceding year to the stable political context, to programs by NGO's including CFA, and to steps the villagers themselves had taken. The mere presence of NGOs in the villages was seen as a positive and important since NGO activity facilitated the normalization of life in the post-conflict environment.

Still, there were discernible improvements that people attributed to CFA activities. In a village in which CFA conducts a water-sanitation program and had built some wells, villagers said that the wells symbolize normality, the possibility of survival, and confirmed that peace would continue. These symbolic benefits encouraged people to return to the villages.

We are pleased with CFA. They convinced the people of the village that there is peace. The making of the wells gives the message of peace and normal life. People who saw these [wells] passed the news on to refugees outside and many returned to the village and they build their house and the village.

Of course, the wells had practical use in supplying clean water and reducing water-borne diseases:

The wells are made by CFA and has been of great use. The availability of clean water reduced the number water-borne diseases. We got sick many times before from these diseases. The problem of getting healthy water is largely reduced.

Children, too, talked about the difference that the wells has made to their lives:

Water wells are very useful for us and for our village. Water wells are clean, nothing can drop into them. The water wells also reduced our work in the house. We do not have to go to the river streams to fetch water.

In a village that included only a psychosocial intervention, people reported on positive changes that had occurred in relation to children's well-being and mentioned the value of the seminars with parents and teachers on children's issues, the Child Well-being Committees [CWBC], and the literacy programs. One adult said:

We are happy with CFA activities in the village. It has created more awareness about issues of children. Parents are also learning from the lessons they received from seminars.

Throughout the research, children told how CFA had helped them communicate with parents and reduced beatings by teachers. The psychosocial seminars thus seemed to have a direct impact on children's relationships with adults. Most important, however, seemed to be the fact that children were now able to go to school and both children and adults attributed the improvement in their lives to a large degree to this aspect. The psychosocial value of education has long been recognized and was confirmed by children and adults in these villages.

## Discussion

This fieldwork yielded numerous useful insights. First, Afghan people have a remarkably holistic understanding of children's well-being. That this understanding is considerably more comprehensive than that typically used by Western psychologists indicates the need to expand conceptions of children's well-being and to draw on the local idioms and understandings in different countries. Second, the research showed consistently that psychosocial stress arises as much from current life events as from the trauma of past violence. This testifies to the need for research, theory, and practice to look beyond the trauma discourse and to reflect more fully the complexity of children's lives and experiences. Third, there were significant differences in the perspectives of children and adults. Although this should perhaps not be surprising, the vast majority of research and practice in the psychosocial field has embodied an adult bias. Additional research that incorporates children's perspectives directly is badly needed. Fourth, both Afghan

children and adults regard education as one of the most important determinants of children's well-being. Although going to school did not invariably improve children's well-being and in some cases led to abuse and exploitation by teachers, there is considerable merit in the idea that strengthening the quality of and access to education is itself a powerful form of psychosocial intervention. Fifth, gender emerged as one of the most significant influences on children's well-being. The suffering and damage caused by discrimination against girls in areas such as education and marriage are important issues that psychosocial and protection interventions must address further.

The qualitative research suggested that psychosocial intervention benefits children's well-being. Both adults and children did attribute some of the positive changes in children's lives and behavior specifically to the psychosocial intervention. It is noteworthy that children said that the CFA work had reduced beatings by teachers, which had been a major source of distress. Also, it is important that the girls had become more outspoken about their situation. However, it is impossible to rule out the influence of factors other than CFA psychosocial interventions. For example, improvements in the political and security situations may have reduced adults' stress levels, and these reductions might in turn have decreased beatings. In future qualitative research, it will be useful to track whether reductions in beatings occur soon following trainings that educate people about the damage beatings cause. Also, villagers may have perceived the researchers as being part of CFA and given a positive evaluation in hopes of obtaining additional assistance. Direct observations of behavior changes would help to rule out such interpretations.

In regard to the question whether psychosocial or water interventions had greater impact on children's well-being, the qualitative research is indecisive. Although children's well-being clearly increased during the T1-T2 period, these changes owed partly to improvements in the larger political, economic, and social climate. Also, the very presence of an NGO such as CFA in villages had discernible impact aside from the particular activities they facilitated. Because participants attributed specific benefits to the water intervention and to the psychosocial intervention, respectively, it is likely that each intervention had discernible impact on children's well-being. Additional research, however, is needed to determine whether these interventions differed in the amount or kind of impact they had on children's well-being.

#### **IV. GENERAL DISCUSSION**

This research, which reflected academic-practitioner collaboration between CCF, Oxford University, and Queen Margaret University, had dual aims. The first was to test the comparative psychosocial impact of a community-based psychosocial intervention against a water intervention. The second was to develop and field test innovative measures of psychosocial well-being and child protection that interweave qualitative and quantitative approaches, are locally grounded, and reflect the importance of children's social ecologies. These are discussed below in reverse order.

Overall, this research yielded significant insights into Afghan children's well-being and established a foundation for the quantitative measurement of children's well-being. Consistent with de Berry's (2003) observations, the qualitative research indicated that Afghan children and adults have highly holistic understandings of children's well-being that reach beyond the individual, intrapsychic models that are popular in Western psychology. In particular, Afghan people emphasize the importance of children's positive social relations, which are richly interconnected with children's feelings and coping strategies. A noteworthy accomplishment of this research was the construction of a quantitative instrument that reflects local understandings and measures children's feelings and social relations. This is significant since quantitative

instruments make possible statistical comparisons and the rigorous measurement of well-being on a relatively large scale (MacMullin & Loughry, 2000, 2002). Although the coping sub-scale that had initially been proposed proved to be flawed, subsequent qualitative research indicated that children's coping strategies can be ordered hierarchically in a manner that fits local people's assessments of the comparative efficacy of different strategies. This suggests that with the benefit of further research, it may be possible to enrich the current quantitative instrument by the addition of a coping sub-scale.

Although the development of a quantitative instrument is highly valuable, this project also indicated the value of qualitative methodologies. Relatively little research has been done on what Afghan children see as their main sources of suffering, risk, protection, and support. The qualitative research conducted in this project has helped to clarify children's perspectives on these issues and highlighted the different perspectives of girls versus boys and children versus adults. The strongly gendered nature of the risks to children, particularly those concerning issues of early marriage and denial of educational opportunities for older girls, indicates that psychosocial and protection interventions must make these and related gender issues a high priority. Since the imposition of outsider values regarding gender can push change too fast and create backlash that harms girls and women, an important task for future qualitative research is to learn from local women how to address gender issues in the most appropriate manner. Further, the difference between children's and adults' perspectives provides a potentially useful program tool. By helping adults learn more about children's views, psychosocial programs may help to put local people in a better position to decide to limit or stop harmful practices such as beating and exploiting children at school and forcing girls into early marriage. It will be very useful in the future to conduct qualitative research that tracks the processes that enable change of these harmful practices and strengthen child protection.

This research yielded conflicting results regarding the impact of the psychosocial intervention. Whereas the quantitative research indicated that the psychosocial intervention had no significant effect, the qualitative research suggested that the psychosocial intervention did benefit children's well-being. This divergence may reflect the greater flexibility of qualitative methodologies, which, by asking open-ended questions, can discern impacts such as reduced beatings by teachers that had not been included in the questions on the quantitative instrument. However, interpretive caution is recommended since the qualitative evidence is suggestive at best, and other factors may have influenced children's assessments of the impact of the psychosocial interventions. As discussed above, it will be useful in future research to track whether changes in children's well-being follow closely the psychosocial interventions aimed at reducing a particular risk or source of stress. It will be useful in future qualitative research to probe into the work of the Child Well-Being Committees and the nature and impact of the Child Centered Spaces. Possible impacts of each of these interventions may be more discernible if the questions asked link more closely with their specific activities.

Also, the research did not decide the question whether the water or psychosocial interventions had greater impact. Whereas the quantitative data indicated that the water intervention had greater impact, the qualitative data indicated that both interventions had value. In fact, local people were able to identify specific ways in which the water intervention had increased children's well-being. Likewise, children identified specific ways in which the psychosocial intervention had increased children's well-being. However, the qualitative data provide little basis for judgments about which intervention had greater impact. In addition, the qualitative study revealed that the villages included in the study differed considerably in terms of their internal cohesion and their level of initiative in helping children. How these factors influenced the current pattern of results is unknown and remains an important area for research.

This research encountered a number of significant problems. During the course of the project, the security situation became much more difficult, and security issues surrounding important events such as the national elections necessitated the temporary evacuation of CFA and NGO staff. In addition, the qualitative study was conducted by a male researcher, thereby limiting access to women's and girls' perspectives. Logistical difficulties, including very busy travel schedules of the various researchers, thwarted the tight coordination that had been envisioned initially between the qualitative and quantitative studies. Despite these and other challenges, the research yielded valuable insights that provide a platform for ongoing research into the psychosocial well-being of Afghan children. In many respects, the current project provided eloquent testimony to their resilience.

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**Appendix A**  
**Scale—Boys & Girls**

Each question receives a rating of “rarely,” “sometimes,” or “usually” by circling or pointing to a triangle of small, medium, or large size, respectively. The scale includes some warm-up questions not related to psychosocial well-being.

- P. Do you eat rice?
- P. Do you eat soup?
- P. Do you eat spaghetti?
- 1. Do you get angry easily?
- 2. Are you afraid something bad will happen to you?
- 3. Do you worry about many things?
- 4. Are you sad?
- 5. Do you fight or argue with other children?
- 6. Do you cry easily?
- 7. Are hopeful for the future?
- 8. Do you feel happy in your family?
- 9. Do you play with your friends?
- 10. Do your friends help you?
- 11. Do your neighbors have good relationships with you?
- 12. Do the elders of the village support you?
- 13. Do you feel the people of the village support you?
- 14. Do your teachers have good relations with you?
- 15. When you have problems, do you pray to God for help?
- 16. When you have problems, do you make adults solve the problem?
- 17. When you have problems, do you ask your parents for advice?
- 18. When you have problems, do you ask other elders for advice?
- 19. When you have problems, do you watch other children and copy them?
- 20. When you have problems, do you talk to other children about the problem?
- 21. When you have problems, do you think about it and solve the problem yourself?
- 22. When you have problems, do you keep the problem to your self?
- 23. Do you feel sorrow?

**Appendix B**  
**Scale: Men & Women**

Each question receives a rating of “rarely,” “sometimes,” or “usually” by circling or pointing to a triangle of small, medium, or large size, respectively. The scale includes some warm-up questions not related to psychosocial well-being.

- P. Do the children in the village eat rice?
- P. Do the children in the village eat soup?
- P. Do the children in the village eat spaghetti?
- 1. Do the children in the village get angry easily?
- 2. Are the children in the village afraid something bad will happen to them?
- 3. Do the children worry about many things?
- 4. Are the children sad?
- 5. Do the children fight or argue with other children in the village?
- 6. Do the children in the village cry easily?
- 7. Are the children in the village hopeful for the future?
- 8. Do the children in the village feel happy in their family?
- 9. Do the children in the village play with their friends?
- 10. Do the children’s friends help them?
- 11. Do neighbors have good relations with children?
- 12. Do the elders of the village take care of children?
- 13. Do you feel the people of the village support children?
- 14. Do the teachers have good relations with the children?
- 15. When the children have problems, do they pray to God for help?
- 16. When the children have problems, do they make adults solve the problem?
- 17. When children have problems, do they ask their parents for advice?
- 18. When you have problems, do they ask other elders for advice?
- 19. When the children have problems, do they watch other children and copy them?
- 20. When the children have problems, do they talk to other children about the problem?
- 21. When the children have problems, do they think about it and solve the problem themselves?
- 22. When the children have problems, do they keep the problem to themselves?
- 23. Do children in the village respect elders?
- 24. Are children in the village polite?
- 25. Are children in the village clean?
- 26. Do children participate in community activities?
- 27. Do the children obey their parents?
- 28. Do the children help their parents and their family?
- 29. Do children feel sorrow?